

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.
10 / 582333

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4			1			
5			1			
6			1			
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28			1			
29			1			
30	1		1			
31			1			
32			1			
33	(2)		(2)			
34	(2)		(2)			
35	1		1			
36			1			
37			1			
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39			1			
40	1		1			
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42			1			
43			1			
44			1			
45			1			
46			1			
47	1		1			
48						
49						
50						
TOTAL DEP.	3	↓	3	↓		↓
TOTAL DUP.	44	←	46	←		←
TOTAL CLAIMS	47		49			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL DEP.		↓		↓		↓
TOTAL DUP.		←		←		←
TOTAL CLAIMS						